



Office of the
United States
Global AIDS
Coordinator

COUNTRY PROFILE

HIV/AIDS

RWANDA

Rwanda faces many obstacles to overcoming its HIV/AIDS epidemic, including the continuing impacts of the 1994 genocide on social stability, the country's severe poverty, and a high fertility rate in Africa's most densely populated country. During and after the genocide, sexual violence, psychological trauma, massive population

flows, and new urban and rural resettlement patterns resulted in dramatic fluctuations in HIV prevalence. The number of orphans and vulnerable children also increased significantly. Of the Rwandans who perished or were displaced, a disproportionate number were highly skilled and educated members of society, including doctors, medical students, nurses, and health workers. This loss, combined with the destruction of physical infrastructure, greatly debilitated the Ministry of Health's efforts to respond to the HIV/AIDS crisis.

HIV/AIDS Epidemic in Rwanda	
HIV Prevalence in Pregnant Women (2002)	6.9% (urban); 3% (rural)
Estimated Number of HIV-Infected People	500,000 Adults; 65,000 Children
Estimated Number of Individuals on Antiretroviral Therapy	2,700
Estimated Number of AIDS Orphans	260,000

U.S. GOVERNMENT RESPONSE

In 2003, President George W. Bush announced the Emergency Plan for AIDS Relief, a five-year, \$15 billion U.S. Government initiative that aims to provide treatment to at least two million HIV-infected individuals, prevent seven million new HIV infections, and provide care and support to 10 million people living with and affected by HIV/AIDS, including orphans and vulnerable children. To help attain these goals, the U.S. Government is rapidly expanding its programs and engaging new partners in 15 focus countries, including Rwanda. Under the Emergency Plan, Rwanda will receive \$28.2 million in 2004 to support a comprehensive treatment, prevention, and care program.



Treatment

The U.S. Government will support a massive scale-up of antiretroviral treatment in Rwanda through the Central Hospital in Kigali and district hospitals and health centers in nine of the country's 12 provinces. U.S. funds will help expand a comprehensive approach to providing treatment for a mother, her baby, and family by linking health centers and district hospitals to provide access to antiretroviral drugs. The U.S. program will use quality assurance and an assessment of current policies and procedures to continue support to the technical capacity of the National Reference Laboratory.

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Map of Rwanda: PCL Map Collection, University of Texas

Prevention

The U.S. Government will support prevention efforts by providing management and technical training, budget forecasting, ongoing technical assistance, personnel support, and monitoring and evaluation. The program will scale up abstinence and fidelity-based education through media messages for youth, developed in collaboration with local faith- and community-based organizations. The messages will emphasize anti-stigma, anti-discrimination, faithfulness, and knowing one's HIV status. The program will also strengthen blood transfusion services and use a three-step strategy, recommended by the World Health Organization and the Safe Injection Global Network, to implement a safe injection program.

Care

U.S. Government efforts will improve the care and support of people living with HIV/AIDS by expanding voluntary counseling and testing and by developing a national care and treatment curriculum that includes pediatric care, national treatment guidelines, and standardized forms. The U.S. program will scale up preventive treatment for tuberculosis and opportunistic infections. And U.S. funding will strengthen and expand palliative and home-based care by improving access and increasing community involvement; promoting advocacy; providing professional kits; and training home-based care volunteers, nurses, and other caregivers. Further, U.S. resources will be employed to scale up programs to promote the legal protection, reduce the poverty, and increase the family and community integration of orphans and vulnerable children.

Other

U.S. Government funding will strengthen the national capacity of the Treatment Research and AIDS Center in prevention of mother-to-child HIV transmission, voluntary counseling and testing, care and support, antiretroviral treatment, surveillance, and information systems. The U.S. Government will also provide technical and financial assistance to the Treatment Research and AIDS Center to improve antenatal care surveillance, population-based prevalence surveys, and behavioral surveillance surveys. The reagents, test kits, medicines, materials, and equipment provided to the center will help support overall national surveillance. Crosscutting activities will increase human resource capacity, institutional capacity, and health delivery systems. Support will include strengthening national management systems and policy formation, improving the availability of high-quality HIV/AIDS drugs and related commodities, and building local professional schools and in-service training capabilities.

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